



95
B1 IFW

Docket No.: 35997-217062
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
John C. Droge

Application No.: 09/841,168

Allowed: February 9, 2006

Filed: April 24, 2001

Art Unit: 2132

For: SYSTEM AND METHOD FOR HIGHLY
SECURE DATA COMMUNICATIONS

Examiner: S. B. Lemma

TRANSMITTAL OF DRAWING CORRECTIONS

MS Office of Patent Publication
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

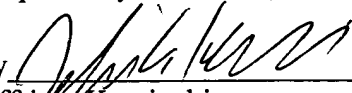
Submitted herewith is one set (eleven sheets, twelve figures) of corrected drawings for filing in the above-identified patent application.

The Examiner objected to the drawings for reasons stated in the Notice Regarding Drawings dated May 10, 2006. The enclosed new drawings correct these informalities.

Favorable consideration of the enclosed drawings is respectfully requested.

Dated: June 1, 2006

Respectfully submitted,

By 
Jeffri A. Kaminski

Registration No.: 42,709
VENABLE LLP
P.O. Box 34385
Washington, DC 20043-9998
(202) 344-4000
(202) 344-8300 (Fax)
Attorney/Agent For Applicant



PTO/SB/17 (01-06)

Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL For FY 2006		Complete if Known	
		Application Number	09/841,168-Conf. #4113
		Filing Date	April 24, 2001
		First Named Inventor	John C. Droge
		Examiner Name	S. B. Lemma
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Art Unit	2132	
TOTAL AMOUNT OF PAYMENT	(\$) 0.00	Attorney Docket No.	35997-217062

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input checked="" type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input type="checkbox"/> Deposit Account	Deposit Account Number: <u>22-0261</u> Deposit Account Name: <u>Venable LLP</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

Fee Description	Small Entity	
	Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____ - 20 = _____	x _____	= _____	

HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____ - 3 = _____	x _____	= _____	

HP = highest number of independent claims paid for, if greater than 3.

<u>Multiple Dependent Claims</u>
<u>Fee (\$)</u> <u>Fee Paid (\$)</u>

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____ - 100 = _____	/50	_____ (round up to a whole number) x _____	= _____	

4. OTHER FEE(S)

Other (e.g., late filing surcharge): _____

SUBMITTED BY		Registration No.	42,709	Telephone	(202) 344-4000
Signature		(Attorney/Agent)		Date	June 1, 2006
Name (Print/Type)	Jeff A. Kaminski				